



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
PUBLIC DRINKING WATER PROGRAM

**BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT**

CUSTOMER		CUSTOMER NUMBER		FILE NUMBER	
MAILING ADDRESS					
SERVICE LOCATION				METER NUMBER	
DATE OF TEST	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE _____ LBS.	AIR GAP (2 X SUPPLY DIAM.) SUPPLY _____ IN.      GAP _____ IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	
HEIGHT OFF FLOOR _____ (IN./FT.)	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO      FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS:		NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>INITIAL TEST</b>			<b>FINAL TEST AFTER REPAIR</b>		
<b>REDUCED PRESSURE PRINCIPAL ASSEMBLY:</b> <b>Passed</b> <b>Failed</b>			<b>REDUCED PRESSURE PRINCIPAL ASSEMBLY:</b> <b>Passed</b> <b>Failed</b>		
RELIEF VALVE			RELIEF VALVE		
OPENED AT _____ *PSID (2 PSID or more) <input type="checkbox"/> <input type="checkbox"/>			OPENED AT _____ PSID (2 PSID or more) <input type="checkbox"/> <input type="checkbox"/>		
2ND CHECK held backpressure <input type="checkbox"/> <input type="checkbox"/>			2ND CHECK held backpressure <input type="checkbox"/> <input type="checkbox"/>		
NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> <input type="checkbox"/>			NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> <input type="checkbox"/>		
1ST CHECK held in direction of flow _____ *PSID (5 PSID or more) <input type="checkbox"/> <input type="checkbox"/>			1ST CHECK held in direction of flow _____ PSID (5 PSID or more) <input type="checkbox"/> <input type="checkbox"/>		
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more) <input type="checkbox"/> <input type="checkbox"/>			DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more) <input type="checkbox"/> <input type="checkbox"/>		
<b>NOTE: Failure or any of the above items, requires repair.</b>			*Pounds per Square Inch Differential		
<b>INITIAL TEST</b>			<b>FINAL TEST AFTER REPAIR</b>		
<b>DOUBLE CHECK VALVE ASSEMBLY:</b> <b>Passed</b> <b>Failed</b>			<b>DOUBLE CHECK VALVE ASSEMBLY:</b> <b>Passed</b> <b>Failed</b>		
1ST CHECK held in direction of flow _____ PSID (1 PSID or more) <input type="checkbox"/> <input type="checkbox"/>			1ST CHECK held in direction of flow _____ PSID (1 PSID or more) <input type="checkbox"/> <input type="checkbox"/>		
2ND CHECK held in direction of flow _____ PSID (1 PSID or more) <input type="checkbox"/> <input type="checkbox"/>			2ND CHECK held in direction of flow _____ PSID (1 PSID or more) <input type="checkbox"/> <input type="checkbox"/>		
<b>NOTE: Failure or any of the above items, requires repair.</b>					
<b>APPLICATION:</b>		COMMENTS			
<input type="checkbox"/> COMMERCIAL		_____			
<input type="checkbox"/> FIRE LINE		_____			
<input type="checkbox"/> IRRIGATION		_____			
<input type="checkbox"/> OTHER (EXPLAIN)		_____			
REPAIR HISTORY					
_____					
_____					
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>					
TESTED BY (PRINT)		(SIGNATURE)		REPAIRED BY (PRINT) (SIGNATURE)	
COMPANY		FINAL TEST BY (PRINT)		(SIGNATURE)	
CERTIFICATION NUMBER AND EXPIRATION DATE		OWNER OR OWNER'S REPRESENTATIVE			DATE